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For action

Country programme recommendation**

Armenia

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1999 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Armenia which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,430,000 from general resources, subject to the availability of funds, and $7,000,000 in supplementary funds, subject to the availability of specific purpose contributions, for the period of 2000 to 2004.

* E/ICEF/1999/15

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-20210 (E) 260799

Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	1.2
U5MR (per 1,000 live births)	20
IMR (per 1,000 live births)	15
Underweight (% moderate and severe)	–
Maternal mortality rate (per 100,000 live births)	31
Literacy (% male/female) (1995)	100/99
Primary school enrolment (% net, male/female)	85
Primary school children reaching grade 5 (%)	–
Access to safe water (%)	–
Routine EPI vaccines financed by Government (%)	5
GNP per capita (US$)	530
One-year-olds fully immunized against:	
tuberculosis	72 per cent
diphtheria/pertussis/tetanus	89 per cent
measles	92 per cent
poliomyelitis	95 per cent
Pregnant women immunized against tetanus	–

The situation of children and women

1. The socio-economic changes in Armenia that followed the break-up of the Soviet Union added to the challenges faced by a population already hard pressed to cope with the aftermath of a massive earthquake in 1988 and an armed conflict with Azerbaijan over Nagorno-Karabakh. Previously one of the most prosperous republics of the former Soviet Union, Armenia has seen a slump in national output and a plunge in living standards. Annual output remains 61 per cent below that of 1989 despite economic growth of 3–6 per cent during 1994–1998. According to a World Bank assessment, in 1996, 55 per cent of the population lived in poverty and 8 per cent in extreme poverty. Families with children comprised 82 per cent of the poor.

2. Dramatic cuts in social spending have meant that Armenia has been unable to sustain its previously elaborate social service infrastructure and that universal access to education and health services once enjoyed by the population is no longer assured. Rising out-of-pocket costs for health care and schooling are limiting the access of poor families to these services. The strategy for reforms in health and education calls for greater private sector involvement and management decentralization to promote cost-effectiveness.

3. Despite transitional difficulties, progress has been made in promoting the health status of children. During 1993–1998, immunization coverage increased from 70 to over 90 per cent. Measles cases decreased from 2,027 in 1996 to 53 in 1998. No new cases of polio have been reported since mid-1995. Case management of acute respiratory infections (ARI) and diarrhoeal diseases has been strengthened. Exclusive breastfeeding rates (for the first four months) increased from less than 1 per cent in 1993 to 21 per cent in 1997. Rooming-in, non-existent in 1993, was practised for 78 per cent of all births in 1997. This progress has contributed to a decline in the infant mortality rate (IMR) from 18 to 15 per 1,000 live births, and in the under-five mortality rate (U5MR) from 24 to 20 per 1,000 live births since 1990.

4. However, perinatal mortality rates increased during 1995–1997, revealing problems in prenatal, obstetric and post-natal care. Although acute malnutrition is negligible, 12 per cent of children under the age of five years exhibit symptoms of stunting, and 25 per cent suffer from anaemia. Levels of vitamin D and iodine deficiencies are significant, and 30 per cent of households consume non-iodized imported salt. Malaria and tuberculosis have re-emerged as

public health threats. Eradicated in 1963, malaria cases rose from 196 in 1994, when malaria first reappeared, to 1,156 in 1998. The number of tuberculosis cases in children 0–14 years of age more than doubled between 1990 and 1997.

5. The education system is still unable to meet the learning needs of children. Chronic under-funding has led to severe shortages in educational materials and the physical deterioration of school facilities. The curriculum is considered to be of little relevance to the new social and economic situation. Teaching methodologies are lecture-based and rely on rote learning, with students given few opportunities to participate in the learning process. Rates of absenteeism are high. An increasing number of children are dropping out prior to completing the eight years of compulsory education. The net primary enrolment rate (grades 1–6) is 86 per cent, whereas the enrolment rate for the 7- to 15-year-old cohort is reported to be 74 per cent.

6. Kindergartens, previously viewed in Armenia as playing a key role in promoting the psychosocial and cognitive development of young children, are currently attended by only 21 per cent of eligible children, down from 60 per cent in 1990. This decline is the result of kindergarten closures; increased unemployment of mothers who, therefore, no longer require such services; and rising fees. The reduced role of kindergartens lends added importance to the care and stimulation received by children in the home. However, little is known about the practices of parents and other household care givers concerning early childhood care and development. Efforts aimed at promoting sound child-care practices in families have thus far been limited.

7. The transition period has been particularly difficult for adolescents. Community support structures for youth and school-based extra-curricular activities are much less extensive than in the past. Since 1989, sentencing rates for youths aged 14–17 years have risen from 50 to 131 per 100,000, and the share of births to teenage mothers has increased from 11 to 18 per cent of all births. Surveys indicate that adolescents lack information regarding sexual behaviour, reproductive health and sexually transmitted diseases (STDs). The data available suggest that the incidence of substance abuse, STDs and HIV/AIDS among young people remains relatively low but is growing.

8. Children in need of special protection include those in public care, those with disabilities and those living and/or working on the street. Approximately 10,000 children are in public care, an increase of over 50 per cent since 1993. These children are often exposed to inferior education and inadequate, impersonal care. The situation is worse for the nearly 3,000 institutionalized children with disabilities, who have very limited access to qualified health care, rehabilitation and social services. Another roughly 2,000 children with disabilities live at home without proper basic and specialized services, and are frequently stigmatized and segregated from society. A non-governmental organization (NGO) assessment indicates that the number of children living and/or working on the street is growing rapidly. Street children strongly resist reintegration into the education system and reunification with families.

Programme cooperation, 1995–1999

9. UNICEF cooperation in Armenia began in 1993 with a two-year programme addressing the emergency situation (E/ICEF/1993/P/L.22). Cooperation during 1995–1999 marked a shift away from short-term emergency interventions to longer-term initiatives aimed at promoting implementation of the Convention on the Rights of the Child. UNICEF cooperation consisted of programmes in health, nutrition, education, children in especially difficult circumstances (CEDC) and planning.

10. In the health sector, UNICEF focused on strengthening maternal and child health (MCH) programmes and supporting the delivery of services. Forty per cent of paediatricians and 10 per cent of nurses were trained in the management of the expanded programme on immunization (EPI) and on correct case management of ARI and diarrhoeal diseases. Introduced by UNICEF, the Integrated Management of Childhood Illness (IMCI) was approved by the Ministry of Health as a strategy to be implemented in providing MCH services. Health facilities were supplied with medicines and equipment, including vaccines, syringes, cold-chain equipment, oral rehydration salts and essential drugs, in support of the national EPI, and control of diarrhoeal diseases and ARI programmes. Brochures were produced providing care givers with information on the prevention and treatment of childhood diseases.

11. Areas of cooperation in the nutrition sector included the control of iodine deficiency disorders (IDD) and breastfeeding promotion. UNICEF-supported training activities for maternity facility staff across the country have contributed to major progress in improving breastfeeding practices. IDD control efforts, begun in 1995, have led to the universal iodization of locally produced salt. In 1998, UNICEF supported a national survey of the nutritional status of women and children, and, on the basis of the survey, the formulation of a revised national nutrition policy and plan of action.

12. The training of school directors was a key area of support in the education sector. UNICEF began work with the Ministry of Education in developing life skills education that will be introduced into the core curriculum. In response to the effects of the chronic underfunding of education services, UNICEF supported the delivery of basic educational materials to rural kindergartens and primary schools, and helped to rehabilitate water and sanitation systems in selected schools. Support to early childhood development included co-sponsorship of the production and broadcasting of a television series targeted to children aged 3–7 years.

13. Institutionalized children were a main focus of efforts in the context of the CEDC programme. During the emergency years, UNICEF monitored the status of children's institutions to ensure that the basic needs of this particularly vulnerable population for heating, clothing and educational supplies were met. As the emergency subsided, UNICEF shifted its focus to support the development of alternatives to institutionalization, including the strengthening of adoption schemes, and the introduction of foster care systems and communities-based initiatives. UNICEF also cooperated in meeting the psychosocial needs of institutionalized children through initiatives to train teachers and caregivers in how to support children in distress. UNICEF also began work with the Ministry of Education to promote inclusive education for children with disabilities, and sponsored a study to assess the situation of children in prison.

14. The planning programme aimed at promoting implementation of the Convention on the Rights of the Child and included advocacy for the development of laws on child rights and the family. UNICEF also promoted the participation of children in public life through young journalist training, support for a children's news service, and participation in the UNICEF "Voices of Youth" and Sweden's "Future Vessel" projects.

15. Building alliances and forging partnerships was a key overall strategic priority. Examples of collaboration included co-sponsorship with the World Food Programme and the Office of the United Nations High Commissioner for Refugees (UNHCR) of the national nutrition survey; cooperation with the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNHCR, Catholic Relief Services, Norwegian Refugee Council and the World Bank to finance textbooks for inclusion in an innovative rental scheme; work with the World Bank in promoting the deinstitutionalization of children; cooperation with Save the Children in preparing the situation analysis of women and children; and a joint effort with UNDP and the World Bank in developing the training programme for school directors.

Lessons learned

16. Major lessons learned included: (a) the need to promote interministerial cooperation and coordination in order to effectively address intersectoral concerns; (b) the need for a more systematic approach to programme communication, in which target groups are clearly defined, messages are prioritized, appropriate channels are utilized and impact is evaluated; (c) the need for a greater programmatic emphasis on the health and development of adolescents; (d) the need for a greater emphasis on the knowledge and practices of parents in providing care and stimulation to young children; (e) the need to gradually reduce direct material support to service delivery in the health and education sectors as the emergency situation in the country recedes; (f) the need to promote greater understanding of the obligations of the State, communities and families in ensuring the rights of children; and (g) the need for a national mechanism to monitor and follow up implementation of the Convention on the Rights of the Child.

Programme preparation process

17. The situation analysis of women and children in Armenia, developed in 1998 as a joint effort of the Government, Save the Children and UNICEF, marked the first stage of the country programme preparation process. On the basis of the situation analysis, a planning meeting for the 2000–2004 programme was held in September 1998 involving representatives of the Government, donor countries and United Nations agencies. The meeting resulted in a consensus on the main thrust of the new programme, its overall goals and the main strategies. The planning meeting was followed up by a series of bilateral meetings between UNICEF and counterparts at which the strategies for the new programme were elaborated in more detail.

Recommended programme cooperation, 2000–2004

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	*Total*
General resources						
Health and nutrition	185	175	175	175	175	885
Children in need of special protection	145	135	130	130	130	670
Education	167	155	145	145	145	757
Advocacy and communication	120	120	120	120	120	600
Planning, monitoring and evaluation	50	50	50	50	50	250
Cross-sectoral costs	60	55	51	51	51	268
Subtotal	**727**	**690**	**671**	**671**	**671**	**3 430**
Supplementary funds						
Health and nutrition	525	525	525	525	525	2 625
Children in need of special protection	280	280	280	280	280	1 400
Education	295	295	295	295	295	1 475
Advocacy and communication	130	130	130	130	130	650
Planning, monitoring and evaluation	100	100	100	100	100	500
Cross-sectoral costs	70	70	70	70	70	350
Subtotal	**1 400**	**1 400**	**1 400**	**1 400**	**1 400**	**7 000**
Total	**2 127**	**2 090**	**2 071**	**2 071**	**2 071**	**10 430**

Programme objectives and strategies

18. The overall aim of the programme of cooperation will be to support national and local authorities, communities and families in fulfilling their responsibilities to children as defined by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Declaration of the World Summit for Children and the Armenian Law on the Rights of the Child.

19. During 2000–2004, cooperation will follow closely on the progress achieved during the previous programme cycle. The country programme will aim to introduce an integrated rights-based approach. Increased attention will also be given to programming through the life cycle perspective. Both programme design and management will be directed towards ensuring that the rights of children during each of the three major stages of childhood — infancy and early childhood (0–5 years), pre-adolescence (6–12 years) and adolescence (13–18 years) — begin to be addressed in a holistic and integrated manner.

20. Key overall strategic priorities of the country programme will include the following: (a) creating a legislative and policy environment that facilitates the realization of children's rights; (b) ensuring that needy children and women enjoy continued access to education, health care and other social services; (c) strengthening the capacity of local authorities in view of the ongoing process of decentralization of social sector management and budgets; (d) facilitating information and experience exchange so that policy makers, social workers, care providers, teachers, administrators and others are exposed to alternative policies; (e) empowering parents, families and communities with the knowledge and skills required to provide better care and nurture to children; and (f) promoting children's and young people's right to participation. In addition, specific objectives and ad hoc strategies are set up to address key

areas of unfinished business related to breastfeeding, EPI and IDD.

Health and nutrition

21. The health and nutrition programme will be directed towards promoting the normal physical and mental development of children at three major stages of childhood. General national objectives that will be supported include: (a) reducing IMR and U5MR by 20 per cent compared to 1999 levels; (b) reducing the maternal mortality rate by 50 per cent compared to 1997–1999 levels; and (c) promoting a healthy lifestyle for adolescents.

22. Within the framework of health reform, UNICEF will support primary health care (PHC) services to increase accessibility and the quality of services for mothers and children, focusing on the most vulnerable groups. Strategies will include support for the capacity-building of health providers and community involvement. Continued assistance will be given to the development and introduction of protocols for prevention, well-childcare, and child growth and development screening. In a broad effort to improve and integrate the management of childhood health within the PHC system, UNICEF will support the standardized treatment of illnesses, notably through IMCI.

23. Control of diarrhoeal diseases/ARI and EPI programmes will be strengthened through support to the accelerated in-service training of paediatricians and nurses, the introduction of relevant WHO protocols into the curricula of pre-service training institutes and the select provision of supplies, essential drugs and vaccines. UNICEF support will contribute to the elimination of measles, the consolidation of the eradication of polio and sustaining vaccination coverage levels over 90 per cent for all antigens. New areas of intervention will include the prevention and control of malaria and tuberculosis.

24. In an effort to improve pregnancy, delivery and post-partum care within the health system, UNICEF support will be extended to updating relevant medical protocols, and to the development and implementation of specialized training programmes for health providers. UNICEF will support efforts to increase the awareness of pregnant women regarding healthy pregnancy, and newborn and childcare, and will help to strengthen the prevention, screening, early detention and management of pregnancy complications within the health care system. Select supplies and essential drugs will also be provided for prenatal, delivery and post-partum care.

25. UNICEF will contribute to reducing micronutrient deficiencies and malnutrition, eliminating IDD, and increasing the percentage of mothers who breastfeed their infants exclusively for up to four months of age to 90 per cent, and those who continue to breastfeed, with appropriate complementary foods, well into the second year. Support to breastfeeding will emphasize raising the awareness of mothers and increasing the percentage of maternity facilities that are "baby-friendly". In support of national efforts to eliminate IDD and achieve universal salt iodization, UNICEF will cooperate in raising public awareness of iodized salt, strengthening monitoring systems, and passing legislation on salt packaging and iodine concentration specifications. For other micronutrient deficiencies, UNICEF support will focus on developing nutrition information system and supplementation strategies targeting mothers and other vulnerable groups.

26. Cooperation to ensure the health of adolescents will centre on the development and implementation of information, education and communication (IEC) activities aimed at reaching them with information on healthy lifestyles and lifestyle-related risks such as STDs, HIV/AIDS and substance abuse. Support will be also extended to the development and implementation of specialized training programmes for PHC physicians and nurses designed to equip them with the knowledge and skills to respond effectively to adolescent health concerns.

Children in need of special protection

27. This programme will focus on children in situations of particular risk, including those who are abused, neglected, exploited or otherwise discriminated against. UNICEF will support national strategies and continue to facilitate interministerial and intersectoral cooperation. National objectives to be supported include: (a) developing a policy framework and implementation mechanisms to provide protection to all children in all circumstances; (b) rehabilitating and promoting the reintegration of street children into society; (c) reducing the number of institutionalized children by 30 per cent; and (d) enrolling 30 per cent of children with disabilities into the regular school system.

28. UNICEF efforts will support the development of legislation and policies that provide appropriate care and protection to children in need of special protection. Specific support will be given to addressing groups of children for whom the political will for action already exists — those in institutions, with disabilities, and living and/or working on

the street. As part of a broader effort to promote family-based care alternatives for institutionalized children, UNICEF will support the implementation of national legislation calling for new systems of foster care, adoption and guardianship. UNICEF will work with the Government in developing and implementing a system of inclusive education for children with disabilities, and will extend support to improving care conditions in specialized institutions. UNICEF will cooperate with national partners to implement activities aimed at promoting the rehabilitation and integration of street children, including vocational training, sheltering and psychosocial counselling. Support will be provided for the development and implementation of specialized training programmes for NGOs aimed at building their capacities to serve as effective advocates for children in need of special protection.

Education

29. The education programme will be broadly aimed at promoting the normal cognitive and intellectual development of children during all stages of childhood. Specific national objectives to be supported by the programme include: (a) achieving a net primary enrolment rate of at least 95 per cent in all regions for all children; (b) reducing drop-out and absentee rates by 25 per cent; and (c) improving the knowledge and practices in kindergartens and in families in providing adequate care and stimulation during early childhood.

30. This programme will focus on the education system as the key for responding to the development needs of children. Within education sector reform, UNICEF will support the Government in developing new policies and strategies for improving the education system, with special emphasis on the decentralization of school management and improvement of school governance. UNICEF will promote parent and child participation in school governance, and help to strengthen school management teams. Cooperation will also help to ensure that children from vulnerable families have access to schooling and that schools in the most deprived areas maintain adequate hygiene standards.

31. To address the quality components of the reform, UNICEF will support curriculum revision and teacher training by expanding the ongoing life skills project. The initiative involves the development of teaching and learning materials, grounded in interactive learning, designed to promote pro-social knowledge and an awareness of healthy lifestyles. The initiative will be implemented in pilot schools first and then gradually extended to all basic-level grades and schools. Teacher training will be required in 1,400 schools as part of the process of taking the initiative to scale.

32. Cooperation in promoting the normal cognitive and psychosocial development of children in the years prior to entering primary school will focus on improving the home care received by young children. Support will be extended to the adaptation and application of the global Better Parenting Initiative. The initiative involves the development of an integrated IEC strategy for reaching parents with messages on how to improve the care and stimulation given to young children. Strengthening and expanding the community care received by children prior to primary school will be a secondary focus. Within the framework of education reform, specific support will be provided for the development of national policies to improve the quality and management of kindergarten services.

Advocacy and communication

33. UNICEF will aim to ensure that children's rights remain at the fore of the civil society agenda and that they are fully incorporated into national plans and policies. Specific national objectives to be supported include: (a) advocacy for implementation and follow-up of the Convention on the Rights of the Child; (b) development of individual, family and community behaviour that promotes respect and action for children's rights; and (c) promotion of child and youth participation.

34. The advocacy component of the programme will focus on strengthening national capacity to follow up implementation of the Convention. Advocating for and collaborating in establishing a child rights ombudsperson's office and/or a national child rights commission will receive particular emphasis. Other areas of support will include the review and revision of current and draft laws relating to children's rights and the development, dissemination and discussion of national reports to the United Nations Committee on the Rights of the Child. The capacity of mass media and NGOs will be strengthened to improve and expand coverage of child rights issues. UNICEF will also contribute to the efforts of United Nations agencies aimed at implementation of the Beijing Platform for Action, with a focus on promoting the role of women, who are the main child caretakers in the family and community.

35. The communication component of the programme will centre on the development and implementation of an integrated communication plan designed to ensure that all key childcare providers are empowered with the specific information and knowledge to fulfil their responsibilities to

children. This plan will allow for coordinating the design, production and dissemination of communication components of the country programme.

36. Promoting child and youth participation will be a further component of this programme. The establishment of youth coordination councils at national and local levels as permanent mechanisms for involving youth in the development of policies and programmes affecting them will be encouraged. UNICEF will support youth-led initiatives, and develop and test various child and youth participation models such as peer education and counselling, youth journalism, youth-run information hotlines and youth involvement in the management of basic services.

Planning, monitoring and evaluation

37. An integrated monitoring and evaluation plan (IMEP) will guide the monitoring and evaluation activities in the country programme. The plan, which will include key evaluations with budget breakdowns and key responsibilities as well as milestones, impact and process indicators, will provide a basis for the regular review of programme progress against objectives, and will contribute to the adjustment of policies and strategies accordingly. IMEP will centre on monitoring the status of children and women with respect to their rights. Three sets of indicators will be developed to monitor the survival, development, protection and participation of children at three stages of childhood as part of UNICEF efforts to encourage the convergence of the interventions based on a life cycle perspective.

38. In the context of implementing IMEP, attention will be given to promoting the use of statistics and research for improved social planning in the country. Support will also be extended to improve management information systems in the health and education sectors as part of assistance to ongoing activities such as the Education for All 2000 assessment or reporting on the goals of the World Summit for Children.

Cooperation with other agencies

39. Building alliances and partnerships with the media, NGOs and United Nations agencies will continue to be emphasized as a means of leveraging the limited resources and maximizing programme impact. UNICEF will collaborate with United Nations agencies to develop the United Nations Development Assistance Framework for Armenia and to promote follow-up to major United Nations conferences. Specific areas of cooperation will include child deinstitutionalization with the World Bank in the context of its Children's Initiative; the introduction of life skills into the school curriculum with UNESCO; the training of school directors and other efforts in support of education sector reform with the World Bank and UNDP; MCH with WHO, the United Nations Population Fund and UNDP; and support to health sector reform with the World Bank and UNDP.

Programme management and fund-raising

40. The country programme will be managed by an assistant representative supervised by the area representative for the three Caucasus countries. The office structure will be changed slightly to reinforce the rights-based approach, children in need of special protection, advocacy and communication, and the monitoring and evaluation components. Internal mechanisms will be developed, organized mainly by the two cross-sectoral programmes (advocacy and communication, and monitoring and evaluation) to help ensure the convergence of all programme components to the child in a holistic manner.

41. Strong programmatic and operational support will be provided by the area office for the Trans-Caucasus countries based in Georgia. An area office programme team will provide guidance, training and support for programme implementation in such areas as communication, children in need of special protection, education and operations. Area-level support will also be provided for fund-raising activities and emergency preparedness. Fund-raising efforts to generate the proposed supplementary funds will focus on garnering support from new donors with interests in the region or with specific thematic interests which coincide with UNICEF activities in Armenia.

42. Programme implementation will be supervised and coordinated by the concerned ministries. Special committees and other mechanisms will be reinforced and/or established to promote an integrated rights-based approach to programme implementation and monitoring. Local authorities will have a key role in programme implementation.

COUNTRY : ARMENIA
PROGRAMME : 2000-2004

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	885,000			885,000	0	0	0	0	0	0	0	2	0	2	0	221,924	221,924
CHILD IN NEED OF SPECIAL PROTECTIO	670,000			670,000	0	0	0	0	0	0	0	1	0	1	0	99,654	99,654
EDUCATION	757,000			757,000	0	0	0	0	0	0	0	1	1	2	0	170,250	170,250
ADVOCACY AND COMMUNICATION	600,000			600,000	0	0	0	0	0.3	0	0.3	0	1	1.3	178,631	55,568	234,199
PLANNING, MONITORING, AND EVALUATI	250,000			250,000	0	0	0	0	0	0	0	1	0	1	0	99,654	99,654
CROSS-SECTORAL COSTS	268,000			268,000	0	0	0	0	0	0	0	0	2	2	0	105,754	105,754
TOTAL GR	3,430,000			3,430,000	0	0	0	0	0.3	0	0.3	5	4	9.3	178,631	752,804	931,435
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	2,625,000	2,625,000	0	0	0	0	0	0	0	0	1	1	0	70,596	70,596
CHILD IN NEED OF SPECIAL PROTECTIO		0	1,400,000	1,400,000	0	0	0	0	0.3	0	0.3	0	0	0.3	178,631	0	178,631
EDUCATION		0	1,475,000	1,475,000	0	0	0	0	0.3	0	0.3	0	0	0.3	178,631	0	178,631
ADVOCACY AND COMMUNICATION		0	650,000	650,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNING, MONITORING, AND EVALUATI		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	350,000	350,000	0	0	0	0	0	0	0	0	1	1	0	44,602	44,602
TOTAL SF		0	7,000,000	7,000,000	0	0	0	0	0.6	0	0.6	0	2	2.6	357,262	115,198	472,460
TOTAL GR & SF	3,430,000	0	7,000,000	10,430,000	0	0	0	0	0.9	0	0.9	5	6	11.9	535,893	868,002	1,403,895
SUPPORT BUDGET			Operating costs	409,208													
			Staffing		0	0	0	1	0	0	1	2	4	7	699,410	459,116	1,158,526
GRAND TOTAL (GR + SF + SB)					0	0	0	1	0.9	0	1.9	7	10	18.9	1,235,303	1,327,118	2,562,421
	Number of posts and staff costs:																
	Current programme cycle																
	At the end of proposed programme cycle (indicative only)										1	7	10	18			
											1.9	7	10	18.9	1,235,303	1,327,118	2,562,421

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

E/ICEF/1999/P/L.11/Add.1